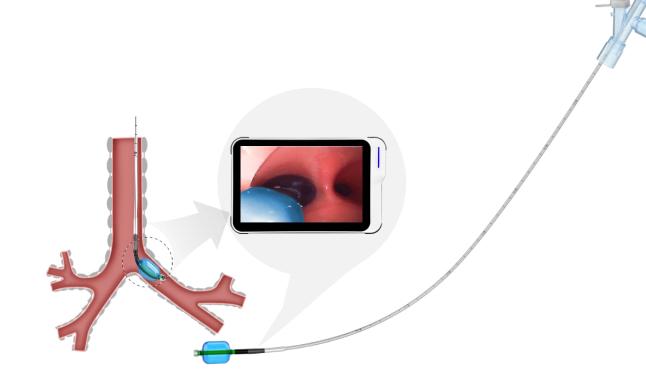
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VisiSureTM

Video Articulating Endobronchial Blocker

—Accurate · Rapid · Efficient One-Lung Ventilation Solution

- Real-time Visualization
- Articulation & Control
- Rapid & Accurate Placement
- FOB-free placement



Pre-market



Endobronchial blockers are widely used for one-lung ventilation, but their placement and positioning remain challenging in complex airway cases.

Challenges to Existing Endobronchial Blockers or OLV

Malposition

1

- Frequent dislodgement during repositioning or lung manipulation (up to 30%)
- Interrupts surgery, requires repeated FOB guidance

 Low First-Attempt Success Rate

2

- DLTs and blockers require complex insertion and positioning
- Delayed anesthesia, increased risk of complications

♦ Airway Trauma

3

- Large, rigid DLTs increase trauma risk
- Higher incidence of sore throat, vocal cord injury, or tracheal damage.

Heavy Reliance on FOB

4

- Positioning of both DLTs and blockers depends on FOB
- Increases equipment cost and procedural complexity

Reference:

- (1) Brodsky JB et al., J Cardiothorac Vasc Anesth. 2010
- (2) Knoll H et al., Anesth Analg. 2006

Introducing Video Articulating Endobronchial Blocker

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—Accurate · Safe · Efficient One-Lung Ventilation Solution

PU Ultra thin cuff

- Provides effective airway sealing
- Minimizes dead space

Articulation & controllable tip

- Bending angles: 180°/180° right & left
- Allowing precise navigation to the target bronchus while minimizing airway trauma during placement

Integrated camera

- Visual placement without FOB
- Real-time observation to avoid displacement during OLV
- Easy to lean and practice
- 1.6mm, 160K pixels

Handle grip

• comfortable, effective grip

Type-C Port

• Supports multiple displays options

Controller lever

• Move the distal tip smoothly left and right





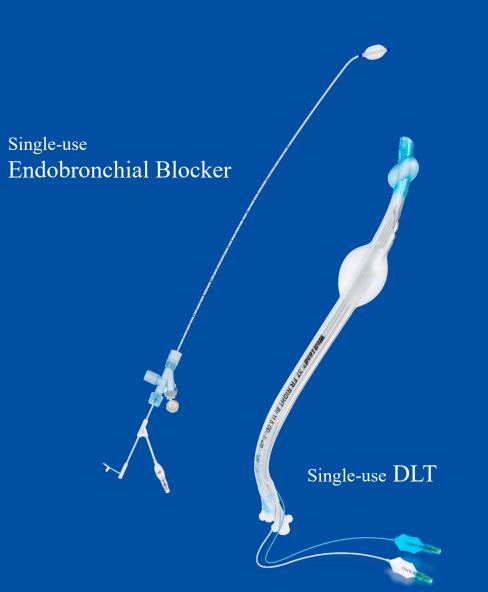


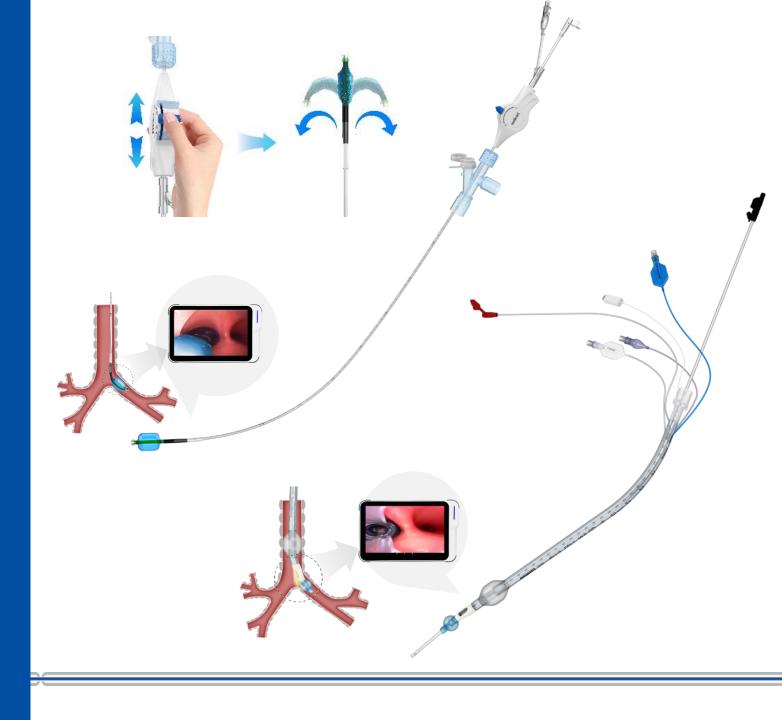


Key Features of Video Articulating Endobronchial Blocker

| Features | Advantages | Benefits |
|---|--|--|
| Integrated camera at the tip (1.6mm, 160K pixels) | Visual placement without FOBReal-time observation | Improves accuracy and confidence during bronchial occlusion. Reduces or even eliminates the need for a FOB, saving costs and simplifying the procedure setup. Helps ensure correct placement, minimizing risk of complications and shortening procedure time |
| Articulation & controllable tip | • Easy directional control, precise placement | Enhances navigation in challenging airways. Increases first-pass success rates, even in anatomically difficult or emergency cases |
| PU Ultra thin cuff | Provides effective airway sealingMinimizes dead space | Minimizes pressure-related mucosal injury Reduces the risk of microaspiration, Allows smoother insertion and removal |
| Slim, flexible tube | Easy navigation in narrow airways | Reduces risk of airway trauma and suits tight airways |

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Video Bronchial Blocker Combined with Video LMA

A Safer · Easier Alternative for One-lung Ventilation Airway Management

Challenge in Clinical Practice

Conventional OLV often relies on FOB and tracheal intubation:

- **△** Time-consuming
- ▲ Technically demanding
- ▲ Risk of airway trauma
- ⚠ Difficult in esophageal and others thoracic surgeries

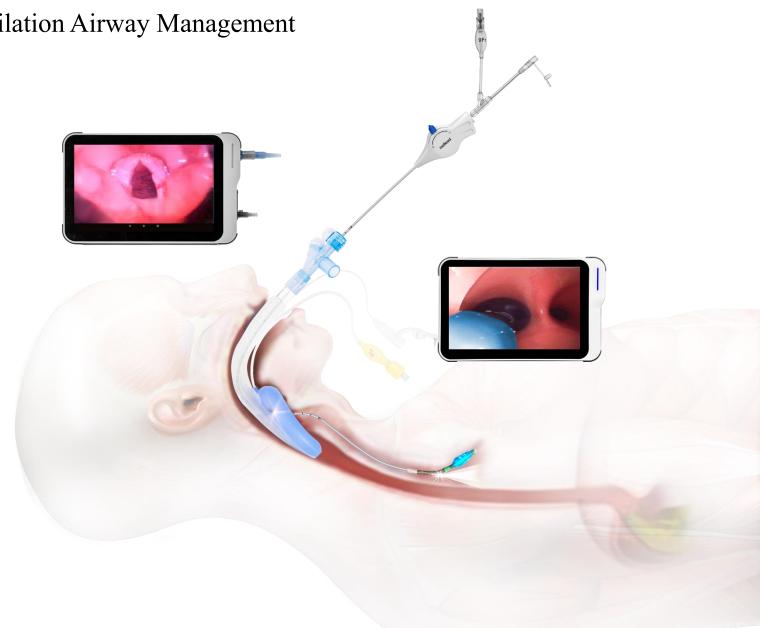
Innovative Solution

Combining a VLMA with a video bronchial blocker:

- Real-time visualization during placement
- No need FOB or tracheal for intubation
- ✓ Reduced airway injury and faster setup

Ideal For

- Difficult airway patients
- ◆ Esophageal & thoracic surgeries
- ◆ Rapid OLV setup without advanced airway tools





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